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ORIGINAL DEPARTMENT.

LECTURES.

CLINICAL LECTURES ON THE SURGICAL DISEASES OF CHILDREN.*

LECTURE II.

Translated by S. J. RADCLIFFE, M. D.,
of Washington, D. C.

Spina Bifida.

GENTLEMEN.—I am going to entertain you to-day with a congenital disease, embraced in the category of malformations, three examples of which you have at the present time before you. It merits, by its frequency, to be classed in the first place after hare-lip. I speak of that affection which we designate indistinctly under the names of spina bifida, or hydrorachis, because the existence of the first of these affections leads almost necessarily to the development of the second. I will show you, besides, a definite number of pathological specimens and drawings, which will serve us to complete the anatomo-pathological history of spina bifida.

The name, spina bifida, is justified by a remarkable anatomical disposition. As we see in hare-lip a separation of the superior lip in two parts, the corresponding dental arches and sometimes the palatine vault, so also in spina bifida we observe defect of union, or a complete absence of the spinous processes and vertebral lamina of different regions. In regard to its seat, the most common are the dorso-lumbar, then the lumbo-sacral, and finally the coccygeal. Two of these regions may be affected simultaneously. Some authors have included in the class of spina bifida certain cases of hydrocephalus seated at the posterior part of the cranium. But this is

perhaps overstepping the mark. In this lecture I propose to study spina bifida in an anatomical point of view first; that is to say, in its exterior aspect and structure; then, after having devoted some words to its symptomatology and prognosis, I shall insist mainly on its complications and treatment, which are, for you, questions of the most interest.

The tumor of spina bifida, we have said, may occupy very distinct regions, and we shall see this point is fundamental in regard to the treatment. Notwithstanding the report of some isolated cases occurring in practice, where has been encountered the congenital division occupying the anterior part, or body of the vertebra, it is possible to affirm that nearly always there is separation only between the vertebral laminae, and which may occur in one or several of these bones. In this last condition the tumor is elongated vertically, and we find, on the lateral part, irregularities, giving to the touch the sensation of a chaplet of long projections. A large surface may also be invaded by the malformation, and we have seen hydrorachis embracing the entire, or an enormous extent, of the spinal column. It is easy to foresee the deformity which would result from an arrangement so complicated. The column is thrown backward, and the patient seems to be bent double; in a word, there is a true monstrosity, a condition of things that places the subject within the embrace of that science known to us as teratology. You will conceive, gentlemen, that the surgeon has nothing to offer against an affection which takes such proportions.

The volume of the tumor varies in size from a small pigeon egg to that of an adult head. It is either sessile or pedicular. That distinction is of the first importance, in a practical point of view, as you will be able to judge

*Clinical Lectures on the Surgical Diseases of Children.
by M. J. G. RADE, Surgeon to the Hospital for Sick Children.
Paris, 1869.

when we come to the treatment. However, pedicular spinæ bifidæ are very rare, thus, this year, of seven spinæ bifidæ for which we have been consulted, all of which occupied the lumbo-sacral region, not one offered that characteristic so favorable to a happy termination.

In studying now the structure of the spina bifida we will find it has a perfectly determined composition.

The fundamental element is a sac included between the division of the vertebral laminae, and lined internally by a prolongation of the rachidean dura-mater. That fibrous envelope draws with it the arachnoid and its epithelial investment. According as the distance between the lamina is more or less great, the orifice of communication is large, or on the contrary, notably restricted. The external covering consists of the skin, the fascia supra spinalis, the muscles of the region, the tendons of which form at the base of the pouch a resistant aponeurotic ring. However, if in certain circumstances we find all the elements that I enumerate, ordinarily they have undergone almost complete atrophy, at the same time that the pouch has become of an extreme thinness, and of a transparency that reminds us of Hydrocele of the tunica vaginalis. It is mainly in spina bifida of the inferior regions that these phenomena are observed.

The appearance then is not the same in all regions. For example: the cervical region, or cervico-dorsal, is the seat of predilection of pediculated tumors. They are round, pyriform, covered with thick skin, furnished with tufts of hair, and surrounded by adipose tissue. The cavity of the pouch is united to the spinal canal by a narrow orifice. But in the lumbar region we will see the intimate composition of the tumor is complicated by the addition of a new element, the spinal cord, which penetrates by the orifice of communication, and comports itself differently, according to the case. It sometimes returns to the spinal canal after having described a large curve of posterior convexity; at other times it expands in the tumor in a bundle of nerves, representing in appearance the horse tail, and all the nervous filaments, after having ramified on the surface of the sac, or on the cord itself, return to the spinal canal to gain the vertebral foramina. That disposition, observed by BIDLOW and LECAT has been very well described by M. P. HEWETT. It is also very well represented by a plate that you will find in the treatise on

"Morbid Tumors," by VIRCHOW. That author attributes to central depression, which we observe in a majority of spina bifida, a very important character; and this locality, according to him, should be the ordinary point of insertion of the cord.

Another curious arrangement that should be known is the following: The nerves separate the tumor, transforming it into a double pouch. Sometimes, also, there is a true fibrous partition, and two spinæ bifidæ inclosed, so to say, the one in the other. SIMPSON has seen a case where the two sacs presented that singular conformation. The head had for its walls the rachidian envelope, and the interior the spinal envelope. These two tumors remind us, by their respective situations, of the arrangement of the intestinal knuckle in hernia, relatively to the hernial sac that encloses it.

With regard to the fluid contained in the cavity of spina bifida, it always communicates with the fluid of the spinal canal and that which lubricates the base of the brain. You will remember from the description that I give you, all the properties of the cephalo-rachidian fluid. It is limpid as rock-water, or of a light citron-color; sometimes mixed with blood, and fibrinous flakes. Its taste is saline, and the nitrate of silver precipitates chloride of silver, due to decomposition of the chloride of sodium. It contains besides sulphates and phosphates in minimum proportions, and also sugar. We may withdraw from a single spina bifida as much as a litre of this fluid.

I shall have but a few words to say to you, gentlemen, of the symptoms of a disease with which you are all so perfectly acquainted. It is sufficient to have seen the tumor only once, round, or elliptical, occupying the median line, reddish or violet, semi-transparent, and covered by a thin pellicle, in order not to mistake it. Its analogy to certain fruits has made it to be designated, in the hospitals of newborn children, under the names of peach, potato, etc. When the skin is either reddish or violet, the skin is arrested at its base, and is only found again under the form of a shoot, or central thickening, which may be wanting in the rest of the tumor. The tumor is fluctuating; pressure reduces it entirely, or in part. If there exists a concomitant hydrocephalous, we may make, manifestly, the fluid of the cephalic tumor to reflow to the rachidian sac. This increase of volume by position, by the

cries, the efforts, generally during expiration, is the cause of the reflex of flood which is made in the spinal venous system.

From these characters it is impossible to misunderstand the nature of the tumor, and the diagnosis consists in appreciating its state of simplicity or complication. At the most we may confound it with certain cysts, otherwise rare, not communicating with the spinal cavity, and formed after the cure of hydrorachis; they do not lead us easily into error.

It is extremely important in a double point of view of prognosis and treatment to know if the spina bifida is simple or complicated. The complications are the following:

1st. Sometimes we encounter in the same individual several spina bifida, bound together at the rachidian canal.

2d. In other cases of spina bifida certain children are also afflicted with hydrocephalus at the time of birth.

3d. If the nerves emanating from the terminal portion of the cord penetrate the tumor, convulsions may supervene unexpectedly, especially if we use compression, either with a view to diagnosis or treatment; from that follows paralysis affecting the inferior-extremities, the rectum, the bladder, congenital luxations of the hip joint, etc.

4th. But of all the complications, the most frequent is, without contradiction, club foot, in all its forms. A child in the St. Paul ward has a tendency to talus; others have complete varus, and all these secondary malformations are due to the paralysis of certain muscles, or to the contraction of antagonistic muscles.

5th. Sometimes the cranial sutures are separated, an important phenomena, the presence or absence of which we ought carefully to confirm before undertaking the radical cure of spina bifida, under pain of having the recovery followed by hydrocephalus.

These tumors have been observed flattened at the time of birth. They have the property of emptying themselves during intra-uterine life. M. MORILLON has made this kind of depressed tumors the subject of a thesis. He considers them an irregular form of spina bifida. He attaches great importance to them. This is wrong, for it is not there that an accident occurs during the evolution of spina bifida.

The prognosis is subordinate to the complication, but it is always grave. In fact, children suffering from spina bifida, are gene-

rally pitiful beings, and die in the course of the first month. Nevertheless, I find the opinion formed by IVARD too exclusive, when he said "that he would abstain from all treatment, and do nothing to prolong the life of a being which was not born viable." When you shall be consulted on this subject, while you are much reserved in your prognosis, forget not, nevertheless, that there is reported in the science of medicine the observations of individuals who have reached, with this affection, a very advanced age. WARNER cites a subject of 20 years; S. COOPER another of 29 years; JAMES DAWSON one of 38 years; WALSH one of 25 years; MONOD one of 30 years. The German journals mention the example of a man who attained the age of 50 years; another case, reported in the *Bulletin of the Society of Surgery*, has relation to a man of 40 years. M. LARREY has cited the case of an infirmier of the hospital at Cochin, who bore a spina bifida without suffering great inconvenience from it. Of three children under actual observation in our service, two are of pitiful appearance; but the third, who has been here for nine months, has all the attributes of robust health.

Consequently, spina bifida may be recovered from, or at least its condition considerably ameliorated. What takes place, gentlemen, in these favorable conditions? The skin acquires with age a new vitality, the adipose tissue is rapidly hypertrophied and arrests the development of the tumor. The tumor is atrophied and the cure is finished by constituting an isolated cyst of the rachidian canal, only communicating with it by an insignificant orifice.

I arrive now at the treatment. The methods which have been proposed are numerous. I point out only those which appear to me worthy of attention.

1st. Compression after evacuation of the liquid. I applied it on that child aged eleven months, which was under treatment during nine months, with whose case I entertained you just now. Ten punctures have already been made. At each time we withdrew twenty grammes of fluid; afterward we established moderate compression. Notwithstanding this treatment, the tumor has enlarged, and to-day it is one-half more voluminous than at the beginning of treatment. The anterior fontanelle is yet rather largely open; the head seems to me a little large relatively to

its age, so that a complication towards the head is to be dreaded.

Compression has been proposed by ABERNETHY, then employed by A. Cooper. I have myself had recourse to it a very great number of times. We empty the tumor with a three-fourths size instrument, either entirely or partly so, or, which is preferable, we prick the tumor in several places with a large Carlsbad pin. Then we can cover the entire surface, after the example of BEHREND, with a layer of collodion, which exercises uniform pressure, favored still by a compress of wadding, and a bandage lightly tied. We may, by these proceedings, obtain some results. But puncturing the spinal pouch is not always without danger. In the case of the child of whom I have spoken to you, we have had to combat symptoms of spinal meningitis, contraction of the limbs, fever, loss of appetite, etc. Tetanic convulsions have been observed, in some cases, following these punctures. I have made note of 22 patients affected with spina bifida, the treatment of which consisted in puncturing the sac; 12 died. It is true that in this table an important circumstance is not mentioned, namely: the general condition of the patient before treatment. This is a defect which takes away from these statistics all their value. In making abstraction of an agent which plays a great part in any subject, we reduce to nothing all serious conclusions growing out of it. Before forming an opinion based on the value of the proceeding, it is then indispensable to have recourse to better conducted researches.

2. It will not do to think, under ordinary circumstances, of the ligature. Scarcely do they apply to the plainly pediculated tumors, and occupying a sufficiently high region of the spinal canal. It was thus that in two spina bifida of the lower part of the cervical region that the ligature severed one with success. Without these conditions, we risk injuring the nerves which enter so commonly into the composition of the tumor. In fact, of twenty cases of spina bifida, M. Hewett encountered only one example where the nervous element was at fault. On my side, of thirty cases of spina bifida of the lumbar or lumbosacral regions, I have found twenty-five where the tumor contained either a segment of the cord or nerves. It is evident that in parallel cases the ligature will be followed by the most formidable symptoms.

3. For the same reasons we are called upon to reject excision; nevertheless, M. DUBOUAS (of Marmande) has employed incision and evacuation of the pouch with advantage, followed by suture of the two lips of the wound. He finished the treatment by compression.*

M. TAVIGNOT* excised, likewise, the tumor after having strangled it at its base, by the aid of a sort of enterotome, in order to avoid the injurious action of the air. M. BEYNAUD employed a procedure analogous.† Before section of the sac M. P. DUBOIS excited adhesion of the two folds of the serous membrane, by binding the base of the tumor with plates of wood, which are afterward fixed together. But all these modes of operation have failed in the hands of their inventors. The considerations into which I have previously entered indicate to you the cause.

4. There remains for consideration the injection of liquids, more or less active, as tincture of iodine, highly praised by M. BRAINARD (of Chicago). Yet the American surgeon did not, we believe, entirely empty the sac. After incomplete evacuation, he replaced that which he extracted, by the medicated liquid. He proceeds then in a manner much more minute, and the precautions which he took having been omitted by the surgeons in Europe who first attempted to imitate his practice, he had to deplore several accidents. Some details then are necessary.

M. Brainard gave issue to six ounces of fluid, (about 200 grammes) then injected an equal quantity of a solution composed of 25 centigrammes of tincture of iodine, 75 centigrammes of iodide of potassium, and 30 grammes of water. After having left the mixture in contact with the walls of the pouch, during some seconds, he let it run out, washing the cavity of the tumor with water to remove all traces of the irritant fluid, and finally reintroducing the fluid contained originally in the sac. The patient was always anaesthetised, and compression was used on the canal communicating between the spina bifida and the rachidian conduit. Scientific collections contain the report of quite a good number of successes obtained by this treatment; and also, on the contrary, a number not less considerable, of unfortunate cases; for the tincture of iodine passed easily through the orifice of the tumor communicating with the spinal canal. The contact of this agent,

* *Gazette Medicale*, 1841. † *Idem*, 1842.

then, with the nervous substance determines tetanic, or meningitic symptoms, which are almost immediately fatal. It is then urgent, when we decide to follow that method, to take every possible measure to prevent accidents—that is to say, press the finger strongly on the intermediate orifice, between the tumor and the spinal canal, and employ a mixture suitable for the purpose. I prescribe it habitually thus: Tincture of iodine and iodide of potassium of each, one-fourth; water, one-half.

M. VELPEAU has used injections of iodine with some advantage. That eminent clinician of La Charité made use of a mixture composed of a third of tincture of iodine and two-thirds of water, and afterward of equal parts of tincture and water. He practiced injections thus on the same tumor for three months.

According to M. DEBOUT, from a collection of ten cases, that therapeutic method gave five recoveries. Of seventeen spinæ bifidæ of which observations have been gathered by different surgeons, the same author points out ten recoveries. Finally, more recently M. TH. CARADEC (of Brest) has published two examples of confirmed recovery obtained by this procedure. M. COATES, in England, has on his part recorded a recovery.* When a favorable termination takes place a plastic exudation is deposited on the surface of the sac, and the orifice of communication is progressively obliterated.

Certainly such results are encouraging, but consider, gentlemen, that if we accord the largest publicity possible to the favorable cases, it is far from being the same for the disastrous cases; these, gentlemen, are kept secret. Guard yourselves from any such optimism, and in similar occurrences act with prudence.

En résumé, recovery is rarely obtained, and above all it is rarely definite. In my practice in this hospital I have recorded several cases of recovery from spina bifida. Yet that termination, which I should have believed complete in several of the children, had I not inspected them, was only obtained at the expense of another disease, otherwise just as grave. A short time after the disappearance of the vertebral tumor, the cranium had become greatly enlarged, and soon it exhibited the symptomatic retinue which characterizes hydrocephalus.

I recommend you then not to undertake to waste the tumor, and obliterate its orifice by the method I have before enumerated to you, without being informed beforehand on the state of the cranial sutures. When, however, notwithstanding these sutures are perfectly ossified, think not the consequences always hidden which follow the constant invasion of the fluid. Thus from a specimen dissected by M. Gosselin, it may be possible that the spinal canal and central ventricles may be able to bear a considerable enlargement. Sometimes, also without all of these complications, the recovery is followed by fatal tetanic symptoms. A woman, 54 years of age, died at St. George's Hospital, London, under circumstances of this kind.

From this summary I think we may conclude to reject, as dangerous, and more, insufficient, the pretended curative means, and confine ourselves to the palliative agent, unless we should come in contact with a simple, small, pediculated tumor, and situated in the cervical or dorsal region. Under these circumstances we may hope, without presumption, that the sac does not contain nervous elements, and consequently venture to remove it radically. I have pursued this course twice with success.

COMMUNICATIONS.

A CASE OF DIAPHRAGMATIC HERNIA, WITH REPORT OF AUTOPSY.

By FRANK C. LARIMORE, M. D.,

Of Mount Vernon, Ohio.

Chloe R. Wheatcraft, set. 4½, of Pleasant township, Knox county, Ohio, was of healthy parentage; she was considered a well-formed and healthy child until 16 months of age, at which time she was seized with convulsions—caused, so far as can be ascertained, by worms. The first convulsion lasted three hours, and continued to recur at intervals of two and three days, and finally weeks and months, until the time I was first called to see her.

The little girl had premonitory symptoms of the convulsive attacks; would say that she felt dizzy and drunk. During the attack sweat would break out upon her forehead; feet and hands cold; face pale at times and flushed at others.

One week after the first convulsion she had

*Vide *Movement Médicale*, Nos. 40 and 46.

a severe attack of vomiting, lasting half a day; vomited blood, along with a large quantity of coagulated milk and other substances.

My first visit was made on June 15, 1870. She then complained of pain in her left side; was very restless; would not remain in one position but a few moments at a time; made unsuccessful attempts to vomit; nothing but a little mucus ejected.

At this time her color was good and body well nourished. Pulse regular. Applied my ear to the chest and elicited healthy sounds from both heart and lungs. Bowels tympanitic and painful on pressure; extremities warm. A few days before she received a fall and hurt her side; did not complain much, and don't recollect which side was hurt. Diagnosis not satisfactory. Intestinal worms. Gave the child

R.	Tinc. camph. opil.,	3i.
	Spiritus ætheris nitrosi,	℥ss.
	Aque,	℥ss.
	S.—Ft. haustus.	

In a few minutes the child passed into a quiet sleep. Left the following to be taken the next day:

R.	Hyd. chl. mit.,	grs. iij.
	Santonini,	grs. iv.
	Ft. chts. No. iij.	

S.—One, morning, noon and night; should it fail to operate as a physic, use olei ricini, q. s., the following morning.

I learned from the father afterwards that the powders had been given, and that worms were obtained; hence, I regarded my diagnosis confirmed.

Aug. 8th, 1870, was called again. Same symptoms; same treatment, followed by same results.

Oct. 15th, 1870. Reached the house at 1½ o'clock, A. M. Since I saw the child last, she has complained but little of pain; has had a good appetite; has declined in flesh until the last week or two, since which time was regarded as improving; has had several attacks similar to the one I witnessed, and which I have already described, from which she recovered without medical aid. The symptoms were the same, only aggravated; very restless; moaning as if in pain; retching at intervals; nothing ejected but mucus; extremities warm; face pale; bowels hot, painful, and tympanitic; left hypochondrium unusually large and tympanitic.

Although old enough to express her feelings intelligently, the child complained of nothing but pain in left side and bowels.

She did not seem to be oppressed for breath. absence of cough; no syncope; face remained uniformly pale. I observed the movements of the child fifteen minutes before I gave it any medicine. I was told that she had partaken of wild grapes the day before.

Regarding the symptoms analogous to those witnessed on my former visits, I commenced treatment with the use of the same medicines. The prescription of paregoric and nitre was administered fifteen minutes before 2 o'clock, A. M.

In administration some of the medicine was wasted, as the child did not take it willingly. No relief having followed, in half an hour ordered

R.	Olei ricini,	3ij.	
	Tinct. camph. opil.,	3j.	M.
	S.—Ft. haustus.		

Oil had been given by the mother at 10 P. M. Had failed to operate. This fact, and the supposition that the grapes had passed into the intestines and remained there undigested, induced me to repeat the oil. After the oil was taken several unsuccessful attempts were made to evacuate the bowels.

2:45, A. M. No better; growing more restless; will not remain long in any position. Paregoric and nitre repeated.

3, A. M. Requests to be carried up stairs to see some of her sisters; walks to, and fondly caresses, a brother sleeping in the same room. The mother now took her up and sat down by the fire. The request of the child alarms the mother more than me. The expression of the child changes suddenly. It is still! It is dead! I placed my ear to its chest; could hear no respiratory sounds either of heart or lungs; commenced artificial respiration; continued it some minutes, but the heart failing to respond, I discontinued it.

I freely confess my surprise at such a sudden and unexpected termination of this child's life. As to the cause of death I had nothing to offer; hardly had a conjecture.

The only way by which the secrets of this case could now be reached was by a *post-mortem* examination, and before I had time to make such a proposition the mother, to my surprise and joy, requested it.

Post-mortem examination, Oct. 15th, 1870, 3 o'clock P. M.* Rigor mortis well marked; body moderately emaciated; bowels tympanitic; left hypochondrium very large and tympanitic.

* Assisted by Dr. C. E. Bryant, and my student, L. W. Armentrout.

A crucial incision was made through the parietes of the abdomen. Removed four or five gills of serum from the abdominal cavity. Found fecal matter in the rectum. Upon tracing the descending colon upward, found it to pass out of view through a muscular opening; traction upon it failed to bring it down. We found the kidneys, small intestines, and part of the large intestine, the liver and gall bladder, in the abdominal cavity; stomach, spleen, and a portion of the colon absent.

We then extended the linear abdominal incision upward to the top of the sternum, dissected the integument and superficial fasciæ off, and raised the bone from below upward. The entire stomach much enlarged and distended; spleen, part of the greater and lesser omentum, part of the transverse and descending colon, occupied the left half of the chest.

The left lung was forced up against the apex of the chest; was not much larger than a medium sized orange, pale in color, and contained but little air.

Right lung normal in size and of healthy color. Right pleural cavity contained several ounces of serum.

The heart was entirely displaced to the right of the median line. Pericardium contained an ounce or more of serum; the walls and valves normal.

Dr. BRYANT proposed that we reduce this hernia in order to examine more thoroughly the opening through which it had passed. This object was attempted by forcing the contents of the stomach down into the intestines. By so doing the walls of the stomach were ruptured, and the contents (a gas and fluid) escaped into the thoracic cavity. The fluid portion was of the color and consistence of milk, and in it were the oil and grapes, indigested. The parts composing the hernia were returned into the abdominal cavity.

The opening through which the hernia had passed was situated in the diaphragm—just below the left leaflet—in the muscular structure, unconnected with any of the normal openings in that muscle, and about 2½ inches in diameter. The hernia had no proper sac. The pleural and peritoneal membranes were not continuous.

Omitted to state that the ring was very tightly drawn around the hernial protrusion.

The diagnosis was now clear—Diaphragmatic hernia, containing the entire stomach and spleen, part of the transverse and descending

colon, and part of the greater and lesser omentum.

I find but little upon the subject of diaphragmatic hernia in works upon surgery. Dr. GROSS says but little; stating that the diagnosis is uncertain, the prognosis always unfavorable, and nothing to suggest by way of treatment. Only two cases have fallen under his observation. The cause in one was a stab in the side; in the other, a fall from a third story window in a house, upon a brick pavement below. One of these persons survived only a few hours; the other died on the second day. He also speaks of a case recorded by Mr. GUTHRIE, in which the greater part of the stomach and duodenum had passed into the chest through an opening in the diaphragm, caused by a minnie ball.

Dr. FRANK HAMILTON, on cases illustrating abdominal hernia, and other abdominal hernias not strangulated, of unusual character, etc., etc., in all seventy-three cases, in the Bellevue and Charity Hospital Reports, for 1869, does not contain a single case of diaphragmatic hernia.

Sir ASTLEY COOPER reports two cases: In one the hernia existed from childhood; did not cause death until the woman attained the age of 28. Although she suffered with pain, cough, and laborious respiration, yet no diagnosis was made until after death.

The second case was a man who fell thirty-six feet, fracturing six lower ribs on the right side, and lacerating the diaphragm on same side. He lived seventeen hours.

He also speaks of a case reported by MORAGANI, in which a young man was attacked with symptoms of acute cardialgia and constant vomiting, under which he expired. The hernia had passed through the œsophageal opening in the diaphragm.

ERICHSEN relates the case of a man seventy-four years of age, admitted into University College Hospital. About twelve months before he fell into an area about ten feet deep and injured his chest and head. Since, he has suffered much from shortness of breath, occasional sensation of suffocation, has a hacking cough, and cannot lie down without feeling some difficulty in breathing. He died, and upon *post-mortem* examination the transverse and descending colon had passed through an opening in the cordiform tendon in the diaphragm, into the left pleural sac, and was there strangulated.

From the records of cases that have been reported I am led to the following conclusions:

1. Diaphragmatic hernia is a very rare accident.

2. It is generally produced by traumatic causes.

3. In the history of all the cases reported by Gross, Cooper and Erichsen, *post-mortem* examination alone has revealed the true nature of the case.

As to the cause of hernia in this case, I have some conjectures, but no settled facts. Was it congenital? I think not, as the pleural and peritoneal membranes were not continuous, and there was no manifestation of impaired health until the child had attained the age of sixteen months. Did it occur at the time it vomited or long before (sixteen months), or at the time it received the fall (four years and two months old)? I am inclined to regard the former as the time of its occurrence, from the fact that the fall was not a severe one. On the contrary, the vomiting was severe and protracted, and followed by a train of symptoms, called by the parents, "spasms," but the symptoms described were those of syncope rather than spasms.

A predisposition to the hernia may have existed from birth, in weakness at this point in the diaphragm; a partial rupture, accompanied by a partial protusion of the hernia, took place at the time of vomiting; the fall increased each, and finally, at the time of death, a sudden increase of the opening and size of the hernia produced the fatal termination.

I did not examine the chest on my last visit. My previous knowledge of the case, and no direct symptoms indicating disturbance of the heart or lungs, such as cough, syncope and oppressed breathing, were my reasons for not so doing. Even had I done so at this time, I hardly think my diagnosis would have been in accordance with the facts revealed at the *post-mortem* examination.

The points of interest in this case are:

1. The length of time the hernia existed, nearly three years.

2. The cause, idiopathic instead of traumatic, as is usually the case.

3. Produced so little disturbance to the general health, and particularly to the heart and lungs.

4. The failure in diagnosis.

5. The escape of the entire stomach and spleen.

ROTATION OF THE HEAD UNDER THE PUBIC ARCH—APPLICATION OF THE FORCEPS IN THE SIXTH PRESENTATION.

By DR. J. C. McMECHAN,
Of Cincinnati, Ohio.

In Madame Boivin's Memorial sur l'Art des Accouchemens the relative frequency of the different presentations of the vertex are stated. In nineteen thousand five hundred and eighty-four vertex presentations, 15,793 were of the 1st position; 3,682 of the 2d; 6 of the 3d; 109 of the 4th; 92 of the 5th; 2 of the 6th.

We are inclined to agree with several authors that the frequency of the sixth presentation is greater than here stated, and think the fourth must have certainly been taken for the direct occipito—posterior position several times. Such is the tendency of the occiput to rotate forward in posterior presentations, that M. NAEGELE has only known the occiput to disengage posteriorly seventeen times out of twelve hundred and forty-four occipito-posterior positions; and even in those cases it was always possible to appreciate the exceptional circumstances that had favored this irregularity, such as an amplitude of the pelvis, or numerous former labors.

CAZEAX, MEIGS, BEDFORD and CHURCH-HILL, in their histories of the natural mechanism of labor, speak of the head rotating forward beneath the pubic arch in the three posterior presentations, and of the occiput remaining behind and traversing the anterior portion of the sacrum as being the exception. They all say that in applying the forceps and delivering with instruments no attempt should be made to rotate the head forward, as it would undoubtedly result in fracturing the child's neck; and Cazeaux,* after making this statement in the strongest possible terms, proceeds to give a highly interesting case, in which, after failing to deliver by any other way he resorted to this rotation, and delivered the woman of a living child after a labor of fifty hours.

SPELLIE was a strong advocate of this operation, and was among the first to propose it. He even went so far as to propose bringing the chin forward in cases where it present-

*Cazeaux's Theoretical and Practical Midwifery, page 807. Note translated by Wm. R. Bullock, M. D.

ed directly posteriorly, and in no less than five cases did he try this operation.

What resources have we in the sixth presentation, after failing to bring the occiput over the anterior commissure of the perineum by means of the forceps, owing to the rigidity of that part? There are three: First, cutting the perineum; second, craniotomy; third, rotating the occiput forward under the arch of the pubis. Cutting the perineum is a simple operation, and is always preferable to letting a rupture take place. If a lateral or rather a diagonal cut be made into the perineum, it heals in a short time, but if a rupture takes place the surgeon has to close it up by an operative procedure of a severe nature. Cutting the perineum should, of course, be resorted to if we are certain of effecting a delivery afterward; but suppose, after cutting it, we fail in our object? It would certainly be a disagreeable experience to undergo. If sure of being able to deliver after cutting, we say cut, but be certain before beginning.

Craniotomy has always been one of the most disagreeable operations in obstetrics, and there is no operation so trying to the accoucheur as that of destroying the life of one being to save another. Some of our greatest obstetricians are so much opposed to this procedure that one of them, Dr. Bedford, says: "Therefore, in the fullness of my faith I have no hesitation in saying that *if the child be alive in the woman at the completion of her pregnancy, and it be made manifest that the maternal passages are so contracted as to render it physically impossible that a living child can be extracted per vias naturales, I should between the two resources, craniotomy and the Cæsarean section, not hesitate to decide in favor of the latter.*"

Craniotomy, of course, destroys the child; and what worse can result from attempting to rotate the head? And it gives the great chance of changing the position, so that the child is born alive. Rotating the occiput forward, under the arch of the pubis, is certainly the most favorable of the three procedures. The risk of not being able to deliver after the first, and the sure destruction of the fœtus in the second, leave only this last procedure even to be thought of.

We have already proven, according to Nægele's statistics that, as the rule, the head rotates forward naturally, and in performing this operation we are then only following nature. It is of easy performance, as any one operating

on the cadaver will see; but we will now proceed to our case:

On August 23d, about nine o'clock, P. M., we were called to see Mrs. H., in labor with her first child. She was æt. twenty-four, and of good form, being about medium size.

On inquiry we found she had felt some slight pains all day, and they had grown so strong toward evening that she was compelled to lie down. On examination the os was found dilated about an inch in diameter. The membranes were not ruptured, and we could not make out a diagnosis. As the pains were not frequent we left, requesting to be sent for in case the pains became very rapid, or the liquor amnii was discharged.

At five o'clock A. M. of the 24th we were again summoned to see the patient, the pains succeeding one another in quick succession, and the membranes having broken at quarter to five o'clock. On examination, the occiput was found in the hollow of the sacrum, the anterior or large fontanelle being easily felt touching the posterior part of the pubic bones, where they are joined together, and the sagittal suture extending backward in the direction of the antero-posterior diameter of the pelvis. After making sure we were right by repeated examinations, we resolved to wait to see what effect the pains would have, hoping they might rotate the head forward; but we waited in vain. At nine o'clock, A. M., the head not having descended any since five o'clock, or rotated in the least, we resolved on using the forceps. They were easily applied; but on making the proper tractions, so as to bring the occiput over the anterior commissure of the perineum, we could not flex the chin on the body any more than it was flexed, nor could we make the occiput descend.

Having repeatedly performed the operation of rotating the head anteriorly with the fœtus in cadavere, we felt like trying this operation on the living woman before having recourse to more destructive measures. The persons present looked on at what they thought an unfinished and very unsuccessful operation. The woman was suffering intense pain, and matters had approached such a crisis that something had to be done, and that quickly. Getting the patient in proper position, the forceps were again applied, and we attempted to rotate toward the right side of the pelvis, but without success. Rotating to the left was

then tried, and after several trials the head was brought to a transverse position in the pelvis. The occiput looked toward the termination of the transverse diameter and the left side of the pelvis; the concavity of the forceps looking toward the right thigh of the woman. They were withdrawn. The male blade was inserted into the left side of the pelvis, under the fetal head and face; the female inserted into the right side, and by a spiral movement brought directly over the head and face until the forceps locked, and their concavity looked toward the woman's left thigh. The rotation of the head under the arch of the pubis was then effected by rotating the forceps from the left to the right, until their concavity was directly beneath the arch of the pubis. The extraction was then easily completed in the usual manner. The child's head was very much congested, but by cutting the cord, and applying a little cold water, it was soon breathing naturally.

Any one doubting the ease with which this operation can be performed should try it upon the cadaver, and he will find it much easier than to drag the occiput over the whole of the anterior face of the sacrum. Of course it cannot be done in every case, for if the body of the fœtus fails to rotate with the head, the neck will be broken. The frequency of the fourth presentation demands that this operation should be well understood, for the fourth presentation at any time is liable to be changed into the sixth, and this operation will be found the best resort in that presentation.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

October 17, 1870.

Clinic of J. E. GARRETTSON, M. D., Lecturer on Surgical Diseases of the Mouth.

[REPORTED BY DE F. WILLARD, M. D.]

Neuralgia.

GENTLEMEN: I have to present this morning the old man before you, æt. 80 years, who has for sixty years suffered with neuralgia—a disease which is so common and so painful that it should receive the careful attention of every one who undertakes the profession of caring for the comfort and health of his fellow-beings; such a condition renders thousands of lives miserable, and you will probably meet with it in some of its Briarean forms as frequently as with any complaint which you will be called on to treat.

This man has been under the care of many, very many physicians; has exhausted almost the entire pharmacopœia, and even in this amphitheatre, in the time of Professors PHYSICK and DORSEY, submitted to a section of the facial nerve, under the then supposed idea that this nerve had something to do with neuralgia.

Let us consider a moment. This man here had a neuralgia through all these years. Obviously, then, there must be a cause. Can we find it? We will try.

But, in the first place, what is a neuralgia? Its derivation, *neuron* and *algos*, would merely indicate "nerve pain;" but this is expression not of a special disease or cause, but of a result. It is a condition following a cause; hence, if we can discover the cause and remove it, we shall cure our patient—shall we not? That is, provided the cause has not operated for such a length of time as to have caused alteration in nerve structure. That there is a local cause in almost every instance of neuralgia, I fully believe; that we do not discover it does not prove its absence, but merely our inability or ignorance.

To discover this cause or causes should then be a first object. Should we pour in nervines without this knowledge, we should but be firing a charge of shot at an enemy in the dark, trusting to chance that some of them might reach him; these causes are often evident and of easy removal, but at other times they are exceedingly obscure in our present state of knowledge, and will only be discovered, perhaps by exclusion. Failing to discover it, we are then forced to desert principles and experimentally treat, with a hope of accidental success.

Neuralgia, however, as the word has been made to have definite application, refers to paroxysmal pains, localized or metastatic, presenting no manifestation of any lesion at the seat of pain outside of the single phenomenon; while its pains are usually, though not exclusively, acute in character; are confined to the tract or to the periphery of a certain nerve; remit, or, more commonly, intermit, and are alone accompanied with tenderness of the part involved when an accidental associate lesion may exist, or when an irritation is so severe or has been so long continued as to have reacted on the neighboring vascular system.

Holding, then, these views, I should say from my own experience that there is no special disease, with an individuality of its own, which can be termed neuralgia, and my reasons for the denial would lie in the fact that I have in one way or another become conversant with so many cases which have stubbornly resisted a long course of treatment founded on an abstract neuralgic theory, but which have rapidly and readily yielded on the discovery and

removal of some true lesion of which the pain was a sympathetic connection, as, for instance, otalgia, hemicrania, or even sciatica from an exposed tooth pulp, from a splinter of foreign substance, or from the pressure of an exostosis. It is certainly true that there is a class of persons who might be termed neuralgic, but these do not all belong strictly to what is called the nervous temperament, but are the anemic and prostrated. A plethoric temperament disposes to inflammation, but plethora is not inflammation, it is only a predisposition. So in like manner the nervous temperament is only a predisposition. One could not deny that cases called neuralgia, and treated without ideas of a definite lesion, do very frequently get well; but has not the indication been accidentally met, just as, with Dewee's carminative, we treat the restless child and cure it without a definite idea of the ailment, having in a single medicine the requirement of various conditions? I think this is so.

That there are predisposing causes to neuralgia is, however, evident; such as damp, cold atmosphere, fatigue, excitement, impairment of health, poor food, excesses, etc., etc.—in short, anything which interferes with easy and proper performance of functional life. This disease is periodic in miasmatic regions, and is often cured by the exhibition of quinine; indeed, this is one of the most efficient of our remedies for the relief of this disorder; but whether this is because the medicine controls the full and complete cause of the trouble, or only removes an exciting cause which in its absence gives to nature the mastery, I scarcely know; but it is certain that the pain is not always removed by the destruction of the periodicity. Syphilis may in like manner be an exciting cause, the real cause being some distinct lesion.

Gout and rheumatism should not be mistaken for this complaint, for each has a history which is its own. The former, being decidedly inflammatory in its local manifestations, is accompanied by congestion, oedema, etc.; attacks, in preference, the small joints, and, when metastatic, presents the same irregularity of vascular phenomena at the seat of transfer; while the latter affects the large joints, or, if muscular, is not distinctly localized, and is aggravated by changes of temperature, motion, etc.

To epitomize the subject, then, we might say that in a state of health the nervous system represents the poised balance; it is neither excited nor depressed; it works in entire harmony with its requirements. Apply now a source of irritation, and this harmony, or balance, is destroyed; and according to the amount and extent of irritation, so is the amount and extent of derangement. Life, says RICHAT, rests upon the tripod of innervation, respiration and circulation; whatever affects one of these legs affects the whole body. To appreciate the

phenomena of neuralgia, then, is to appreciate the phenomena of irritation—is to search over the economy until whatever lesion exists is exposed and comprehended.

If a first view is directed to the nervous system itself, we look for a lesion in the part which by the expression of pain seems most markedly implicated. Let us then apply our knowledge to this old man before us, and see if we cannot discover some cause for all this long-continued pain. By inquiry we find that these pains are sharp and lancinating in their character, and that they are localized, or rather seem to radiate from points just above and below the orbits. How shall we explain this? We know that the face is supplied with sensation not from the seventh or facial or portio dura nerve, but from the fifth or trifacial or trigeminus, and that this nerve also supplies motion to the muscles of mastication, and taste to the anterior two-thirds of the tongue. Thus we see that it is a compound nerve; and it is an important one for our study, since it is one in which we shall most often meet severe neuralgias.

Let us glance then at its anatomy. It arises by two roots from the lateral tract of the medulla oblongata, just behind the corpus olivare, and appears to superficial view upon the side of the pons varolii; thence running forward to the apex of the petrous portion of the temporal bone, a ganglion is formed—the ganglion of Gasser or Casser, otherwise called the semilunar ganglion—from which are given off three branches. The first, or ophthalmic, passes out of the cranium at the sphenoidal fissure or foramen lacerum anterius, and running forward supplies all the parts contained in the orbit it emerges upon the face at the supra-orbital foramen, supplying the brow and forehead. The second, or superior maxillary, passing out of the cranium through the foramen rotundum, runs forward through the sphenomaxillary fissure, and entering the infra-orbital canal, finally emerges at a foramen of the same name, situated just below the orbit, and is distributed upon the cheek and upper lip; in its course also giving off branches to the teeth of the upper jaw, as well as to surrounding parts, with which we are not now concerned. The third, or inferior maxillary—compound in its nature—leaving the cranium at the foramen ovale, passes downward to enter the posterior dental foramen, from whence it runs through the dental canal to appear upon the face at the anterior mental foramen; supplying successively, in its course, the nerves of motion, to the muscles of mastication; of taste, to the anterior two-thirds of the tongue; and of sensation, to the lower teeth.

Recalling thus the anatomy of this nerve, it is easy for us to recognize that these points of pain to which this man refers us are directly over these points of emergence upon the face, and that these

pains follow exactly the course of these branches, especially those of the supra and infraorbital.

Now let us apply our reasoning. We have said that there must be a cause for these pains—let us look for it.

Now, any one of you would at once say, this fifth nerve supplies the teeth, and I know that the teeth are often carious, causing not only pain in the supplying nerve, but in other branches, by a reflection of that irritation.

Such would be true; and I am confident that eight out of every ten cases of facial neuralgia can be traced directly to some disease of the teeth or jaws, while certain it is that the most decided cases are odontalgic, and for this reason: a tooth decays until the cavity containing the delicate nerve is exposed; hence, the neuralgia has the simple, single signification of a direct irritation; or an exostosis of a tooth root presses upon nerves ramifying in the alveolo dental periosteum; the signification is a similar one.

These cases of reflected neuralgia are found not only in the branches of the fifth nerve, but also in those of the arm, or even leg, simply from a carious tooth.

These cases may be called *neuro-odontalgia*; and as some of the more common causes, we may enumerate

1. Sensitive dentine.
2. Exposure, direct or indirect, of dental-pulp.
3. Diseased state of the peridontium.
4. Confinement of pus or gas in the pulp-cavity.
5. Granules of osteo-dentine in pulp.
6. Sympathy.
7. Recession, or absorption of gums and alveoli.
8. Eruption of wisdom teeth.
9. Abrasion, or wearing down of teeth.

(1). Sensitive dentine is usually found in teeth in which a slight cavity exists; but sometimes this cavity is not visible, and the lesion can only be discovered by making gentle taps upon the teeth with a steel instrument, and being guided by the sensation imparted to the patient. The best method of cure in this case is to send the patient to his dentist and have the cavity properly filled; but if this be impracticable, you could yourself burnish down the tubules, thereby preventing further absorption of irritating material; for you know that the teeth are made up of tubules, which are arranged side by side, like rods, and have the power of capillary absorption. This power, as I have said, may be destroyed by polishing or by the cautery of nitrate of silver; but the best plan is either to fill the cavity or extract the tooth. This, however, is not the cause in the old man, for he possesses no such sensitive tooth.

(2.) I show you here a model of the section of a tooth, and within it you see a cavity called the pulp cavity, in which ramify arteries, veins and branches of the fifth nerve. Now, when a tooth becomes

deeply carious, these nerves are exposed, and are, of course, painful; but we may also have irritability of the dental pulp without exposure, or again, from the presence of a recent filling, an irritation being developed by the action of cold and hot substances in the mouth; or again, a dishonest dentist may fill the bottom of his cavities with tin in order to save his gold, and the consequent galvanic current may be sufficient to cause this difficulty.

(3.) The periodontium is the periosteum of the tooth.

Now you will remember that the teeth are placed in the alveoli of the jaw bones, and this membrane covering the tooth is reflected upon the walls of the pit, forming the alveolo-dental membrane, which also supplies the dental process with nutrition.

This may become inflamed and even go on to the formation of an alveolar abscess, as I explained to you at a former clinic [vide REPORTER, vol. xxiii., No. 5], in which case you will find the tooth sore, and closure of the jaws will give excruciating pain, since the elevation of a tooth but a thousandth of an inch by the swelling of this membrane would cause it to be longer than the other teeth, and it would be the first point struck by the opposing jaw. And I would here repeat, that this pain upon occlusion, is an excellent diagnostic test between inflammation of the alveolo-dental membrane and pulp inflammation. The man before us has no sore teeth, but I find one old fang remaining in the jaw, which is markedly carious, while all about it are all the evidences of inflammation. There is evidently a periodontitis. Here, then, we find one cause at least to explain neuralgia.

(4). Should the tooth-pulp die from any cause and decompose, we must have the products of such decomposition confined in the interior of this dense, unyielding tooth-structure, from which it cannot escape. This pus or mephitic gas, then, pressing upon such portion of the nerve as may not have been destroyed, will be reflected upon all branches of the fifth nerve, and the pain will be most intense in its character. Well do I remember a patient who had been almost a raving maniac for days, strapped to his bed, so unendurable was his suffering; and all of which was relieved instantaneously by simply drilling into a pulp cavity and allowing escape of the contents. This old man has had none of these symptoms.

(5.) Is he suffering from granules of osteo-dentine in the pulp? I think not, though the diagnosis of the existence of such bodies is difficult, except by exclusion, and it is, moreover, a rare disease. What are these granules of osteo-dentine, you ask? They are the result of an extraordinary action of the pulp which is the source of all dentine, and they are sometimes fixed in position; at others, loose in the cavity.

I recall the case of a young student who came to my office, having suffered untold agonies for two weeks with a neuralgia, which extended from his eye to his ear. He had a beautiful set of teeth, all perfect, and I examined thoroughly each and every one, but could detect nothing amiss; not one gave any evidence of pain. At last, by taps of a steel instrument, I found one which gave, not pain, but a slight indescribable sensation different from the others. It decided that here lay the seat of his difficulty—drilled a hole into its pulp, discovered the granules, extracted the tooth, and the man was well in a few hours.

(6.) Absorption exists here as in all other parts and organs of the body.

(7.) This occurs in old persons or when the teeth have been removed. The slow, gradual absorption goes on until at last you may have the entire alveolar process carried away, with nothing remaining but a narrow rim of bone along the base, as you see in this aged skull which I show you. This absorption must necessarily interfere with the function of the nerves distributed to the parts.

(8.) The eruption of the wisdom tooth often gives rise to serious trouble when the arches are full and small already, and disturbances amounting even to trismus or abscess may occur, as I showed you last week. (Vide REPORTER, Vol. cxiii., No. 14.)

(9.) This last is something which will be very likely to occur in a man of this age; and in looking into his mouth, I discover three teeth badly worn. The irritation occasioned by this abrasion finally exposes the dead pulp, or is just sufficient to stimulate the formation of secondary dentine in the upper portion of the pulp-cavity, which is now encroached upon, and gives us evidence of this by warning pains. Yet remember, that any and all these conditions may exist in the severest forms without producing any such result.

Thus, then, we have discovered two distinct conditions (the 3d and 9th of divisions of our enumeration) capable of producing such a neuralgia as we have before us—both good causes, and our duty is plain—it is best to rid ourselves of the causes which we can discover. We shall, therefore, remove them all by extraction and watch the result. We may not cure him, still we shall have been wise in removing them, for they are evidently just sources of irritation, and it is quite possible that these causes may have existed ever since he was 20 years of age.

Suppose we do not cure him—then we will try if we can discover any other cause which we have, perchance, overlooked; and if we can find anything, shall immediately endeavor to rid him of this also, and thus, taking away all causes, at last give him relief.

[The fang and abraded teeth were then extracted, and the patient directed to return at stated inter-

vals that the result may be carefully watched.—DE. F. W.]

Before we separate, gentlemen, let me say a few words to you in regard to reflex nervous disturbances to which I alluded in the early part of my lecture; and in doing this I cannot do better than use the words of Mr. Salter in speaking of the affections of the nervous systems dependent on diseases of the permanent teeth. "Disorders of this kind," says Mr. S., "are divided into those which are reflex, secondary, and remote; and those which are direct, immediate, and from contiguity. In the former category, would rank epilepsy, neuralgia, paralysis; in the latter, local pain, facial palsy, some forms of amaurosis, etc. In other instances, such as those in which exalted sensibility of the tegumentary nerves of the face, or erratic pains through the maxillary nerves, are associated with tooth-ache, it might be difficult to say whether the phenomena are mostly reflex or direct; they probably comprise both conditions * * * * The posterior lower molars are but little removed from the tonsils and Eustachian tube, from the parotid region, and from the external auditory passage. The fangs of the upper back teeth are close to the orbit and its all-important contents; and more posteriorly they approach the speno-maxillary fissure and fossa. Thus it is easy to account for the nervous complications which are directly entailed by the spread of inflammation from the periosteum of diseased teeth.

By far the commonest reflex, nervous disturbances to which dental irritation gives rise, are neuralgic pains of the head; and this is especially the case when the upper teeth are implicated. In the supra and infra-orbital nerves, the globe of the eye, the temples, and particularly a spot near the vertex, a little on one side (the side of the affected tooth); in all these regions "dental neuralgia" is really very common, and I have observed not unfrequently that, where the pain has been long-continued, the integument has become hot, tender and red.

The several branches of the trigeminus appear to be the most susceptible of reflex affection caused by the dental irritation of one of them; but next to the different elements of the fifth nerve, the branches of the cervical and brachial plexuses are most commonly involved. Thus pains in the neck, shoulder, acromial process, insertion of the deltoid, or bend of the elbow are by no means uncommon, and with them occasionally a loss of motor power, a weary sense of fatigue in the flexor muscles, and an inability to grasp firmly with the hand. It would really seem that there is, in some individuals, a special and exceptional communication between the fifth nerve and those of the arm. Dr. ANSTIE has seen two instances in which wounds of branches of the ulnar nerve have caused reflex neuralgia of the fifth nerve, and he remarks upon this circumstance, "That the

mental perception of the patient should in each of these cases refer the pain not to any point in the course of the injured nerve, but to the branches of the trigeminus, affords, in my opinion, a strong suggestion that the portion of the central nervous system with which this trifacial is directly connected presents some congenital or acquired peculiarity of organization." This idea is fully borne out by what one occasionally, but only occasionally and exceptionally, sees in the occurrence of brachial neuralgia and paralysis caused by dental irritation of the branches of the fifth.

Reflex nervous irritation dependent upon dental disease is most uncertain and capricious in its manifestations. One person will suffer much from a comparatively slight cause, while in others the same condition more severely developed will produce no such result.

There is unquestionably in some persons a neuralgic diathesis, and it is not improbable, also, that in some individuals there may be a congenital or induced peculiarity in the centric, or, perhaps, collateral relations of certain nerves by which the exalted polarity of one may be passed on, and so reflected upon another with abnormal facility. In persons subject to these forms of neuralgia from dental irritation, nothing is so liable to produce an attack as exhaustion or depressed nutrition, and patients will often tell you that the attacks only come on when they are tired, or have gone long without food. Pain is only one of the phenomena of reflex dental nerve irritation. It may induce muscular spasm, muscular paralysis, paralysis of some of the nerves of special sense, or perverted nutrition."

These, then, are some of the phenomena of "reflex irritation," examples of which I shall take occasion to present to you as often as they appear at our clinical service.

PHILADELPHIA HOSPITAL.

Wednesday, November 2, 1870.

Surgical Clinic of F. F. MAURY, M. D.,

One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Bubo.

GENTLEMEN: The first case I bring to your notice to-day is a man laboring under specific bubo. He had soft chancre six weeks ago, and this swelling commenced two weeks after their appearance. Examination tells me that this cavity contains pus, and wherever you find pus let it out, give it good, free, unrestricted exit. A swelling like this may be opened vertically, obliquely, and, in short, in all directions. Do not prolong the man's pain with a sawing motion, but letting your hand

work only from the wrist, sink the point of the knife well into the cavity, and then withdraw the knife by an upward motion of the hand and fingers. Dr. LANGSTON PARKER's method was to puncture the bubo in a number of places and inject iodine and kindred substances; of such procedure I do not approve.

Now that I have given this matter good free vent, you see the suppuration was above the surface and not within the gland structure. The attendant bleeding will benefit this man, and after it stops, we will poultice the parts.

Painful Subcutaneous Tubercle.

This patient came of healthy Irish parentage, and is 69 years of age. He has never suffered from ill-health until ten years back, when he was annoyed with an itching on the upper and outer surface of his left shoulder. Shortly afterward appeared papules the size of split peas, which gave no annoyance except they were pressed upon. They increased in number and size until five years ago, when they covered the entire shoulder. For the affection he was cupped, leeches, and blistered at different times. He entered this hospital two and a-half years ago, and has been subjected to various treatments, without any apparent benefit, except the small diminution in the size of the papules.

To-day you see the entire shoulder scapular region, upper part of the arm and part of the chest, covered with a tuberculated shining skin. Some of these tubercles are one-half of an inch in diameter. None have ever separated. The skin appears to be lightly stretched over a pebbly structure, resembling cicatricial structure; is void of hairs, and sometimes exudes a moisture which forms scales between the elevations.

The pain is paroxysmal, coming, on an average four times a day, and resembling in effect continued showers of cold water, with a jagging sensation. They last from five to twenty minutes, causing intense agony during their duration. Slight pressure can be made upon them without much pain resulting, but tolerably firm pressure, especially upon the larger tubercles, causes a sensation similar to that which arises when a bruised part is pressed upon.

Now, this affection might be molluscæ, or syphilitic, or epithelial disease of the skin. But I am inclined to think it none of these, and prefer calling it painful subcutaneous tubercle. A molluscum is a sebaceous follicle, dilated, enlarged, and filled with a cheesy substance. This affection presents not this character. It is not a syphilitic skin affection, for this man has no syphilitic history, neither are there any syphilitic prodromata. Epithelial or cancerous disease I do not think it, for there is no involvement of the axillary ganglia, nor does the eruption partake of the physical nature of cancer.

The tendency of this disease seems to be to spread

and break down this man's health. The pain, paroxysmal and excruciating, morphia seems not to control. I have studied this case a year and a half, have seen local and constitutional treatment fail, and reluctantly pronounce it incurable. All we can now do with our remedies is to palliate.

Keloid.

[Dr. MAURY now brought before the class the negro whose history has often figured in these pages, and the partial operation upon whom was described in the last number of this journal. The man was in good health and spirits, and received a merited compliment from the operator for the manly courage which enabled him to face the knife and the anæsthetic a second time, while his neck was yet one-third raw from the result of the first operation. The site from whence the portion of tumor was removed last week was pink, granulating, clean and healthy-looking. Since the last operation, Mr. Gemrig, the surgical instrument manufacturer (of South 8th street, Philad'a) had constructed, with especial view to this case, a powerful chain-link *ecraseur*. So armed, after chloroform had been administered, Dr. MAURY carried out his original idea of gutting the tumor on the front and lateral portion of the neck, and then slipping around the mass the chain of the *ecraseur*. As the chain tightened, the portion of tumor grasped became of board-like hardness. The non-vascularity of the growth, and the absence of hemorrhage as the chain gnawed its way through the tissues, induced the operator to turn the screw with more than usual speed, and in eight minutes from the time of commencing the *ecraseur* had done its work; another third of the tumor was gone, and in its place a raw surface, from which the blood oozed sluggishly.

Ligatures were applied where deemed necessary, and the pulse and respiration of the patient being good, it was determined to go on with a corresponding operation upon the other side of the neck. The chain was applied to the mass, the screw simply turned, the tumor rapidly constricted, and in less than five minutes from the time of commencing, a second mass, weighing one and a half pounds, removed. The entire growth had now gone, with the exception of a small piece on the front and median line of the neck. This it was determined to let alone for the present. This operation developed the fact that in the removal of fibrous and non-vascular growths (the term non-vascular here being used in a relative and not absolute sense) the chain could be quickly tightened and the mass rapidly removed without fear of hemorrhage or other bad results.

The man soon rallied from the effects of the chloroform, and was taken to his cot happy to have lost a friend (?) that had stuck to him closer than a brother.—R. M. T.]

MEDICAL SOCIETIES.

VERMONT MEDICAL SOCIETY.

[REPORTED BY THE SECRETARY.]

The fifty-seventh annual session of this Society was held at room No. 12, State House, Montpelier, October 19 and 20, 1870. Dr. Henry Janes, of Waterbury, President, in the chair; Dr. L. C. Butler, of Essex, Secretary.

The proceedings of the semi-annual session at Burlington having been read by the secretary, the society proceeded to the transaction of business.

The report of delegates to Medical Department of Vermont University was presented by Dr. S. Putnam, and after a brief discussion was accepted.

Dr. C. P. FROST, of Brattleboro, moved to strike out the last paragraph of standing resolution No. 2, of the society, relating to forfeiture of membership in the society, which was unanimously adopted. Under this arrangement the names of Drs. G. M. Hall, of Swanton, M. C. Edmunds, of Weston, E. V. Watkins, of Newbury, H. H. Niles, of Thetford, and H. Fales, of Waterbury, were presented for membership, and were duly elected.

The credentials of Dr. Arthur S. Wolff, delegate from the Medical Society of New York, were presented, and he was cordially received by the President, and invited to participate in the deliberations of the society. Dr. Wolff responded, expressing the congratulations of the society he represented.

Chloral Hydrate.

Dr. J. N. STILES, of Windsor, presented a paper on *Chloral Hydrate*, giving some practical results of its use in his practice, and under his observation and that of others.

An interesting discussion followed in which Drs. Wolff, Stiles, Frost, Watkins, Janes, Putnam, Richardson and others participated, giving results of their experience in its administration in various diseases.

Dr. WOLFF was not favorably impressed with its use in his practice, and suggested trials of it by hypodermic injection.

Dr. WATKINS had used it in *delirium tremens* with controlling effect.

Dr. JANES had noticed prolonged soporific effect from its administration in the ordinary dose, in one instance requiring three days to recover from it.

Dr. PUTNAM had administered it in *puerperal convulsions* with some success, but had seen no hyperæsthesia resulting from it.

Dr. FROST thought the profession would find in this remedy a very good hypnotic, which may take the place of opium and other drugs of that nature.

Dr. RICHARDSON inquired in relation to its use in *Hysteria*.

Drs. WATKINS and JAMES had used it for that disease with good effect.

Dr. RICHARDSON thought the condition of the system had much to do with its effects, correcting irregularities of the system, changed and increased its operation. He had used it in *Hysteria*, and in nervous derangements generally, in doses of ten grains each.

In the afternoon a resolution was introduced by Dr. L. C. Butler, inviting county medical societies to a more intimate relation with the State Society, by making their organizations auxiliary to it; sending valuable papers presented at their meetings, to the State Society, to be published in its transactions, and by contributing of their funds to sustain the State Society. Adopted.

The names of Drs. H. J. Miller, of Sheldon, and George C. Briggs, of Franklin, were presented for membership, and they were duly elected.

Dr. C. P. FROST presented an elaborate paper on insanity, considering it in its pathological, diagnostic and therapeutical aspects.

Dr. S. PUTNAM, of Montpelier, also read a paper on the same subject, considering it in its statistical aspects, showing its rapid increase in the present day, and in its legal aspects, showing the tendency to make the plea of insanity an excuse and palliation for crime.

At 4 P. M. the President's address was delivered, and was upon the subject of *Imaginary Diseases and Imaginary Remedies*, which he illustrated by numerous cases occurring in his own practice and under the observation of others.

A committee on nominations was ordered, and constituted as follows: Drs. O. F. Fassett, N. W. Braley, C. H. Scott, A. J. Hyde, D. G. Kemp.

During the evening session Vice President Abram Harding, of Grand Isle, occupied the chair.

Dr. C. P. Frost, from the Board of Counselors, recommended the following persons to become members of the society: Drs. D. E. Wells and Charles Gaylon, of Hardwick, Charles Cole, of West Haven, H. S. Calderwood, of Moretown, and George Spafford, of Windham, and they were duly elected.

Dr. Frost also announced the decease of Drs. C. M. Rublee, Daniel Bates and M. J. Love, and the appointment of Drs. J. E. Macomber and B. F. Morgan to prepare obituary notices of Drs. Rublee and Love.

The Board of Counselors also nominated the following persons for election as honorary members of the society: Drs. Arthur S. Wolf, of New York, Albert Smith, of New Hampshire, and J. H. Baxter, of Washington, D. C.

Dr. Frost presented the name of Dr. B. F. Morgan, of Bennington, for Commissioner of the Insane, and he was unanimously recommended by the Society, to the Legislature, for election to that office.

Typhoid Fever, Etc.

The greater portion of the evening was passed in listening to reports in relation to epidemics and other diseases from all parts of the State. The prevalence of a mild form of typhoid fever in nearly every county of the State, during the past year, was specially noted, sometimes complicated with pneumonia and occasionally with jaundice.

Dr. HYDE, of Caledonia county, spoke of the prevalence of *Scarlatina* in that county, and of the use of carbolic acid as a useful remedy in its treatment, in the form of a bath and gargle, and internally in a formula of ten drops of the solution to the ounce of water.

Dr. FROST, of Windham county, thought there had been less of ordinary diseases in that county than usual. He raised an inquiry in regard to the time, pathology, and origin of typhoid fever.

Dr. CARPENTER, of Chittenden county, had noticed a difference in the type of disease between the lake and inland counties. He had not seen a case of typhoid fever in Burlington for thirteen years, but had seen it in other towns. The type in the city was rather the congestive. During this season *intermittent fever* had prevailed as the result of malaria in the north part of the city. He knew very little about fever, its origin or pathology.

Dr. G. M. HALL, of Franklin county, considered typhoid fever to be a specific disease, like the exanthemata, self-limited and requiring little treatment. In reply to an inquiry, he said typhoid patients do not have the disease the second time. There may be exceptions to this rule, as in all exanthemata, but they are few. In this opinion Drs. Stiles and Morgan concurred, while Dr. Emmons, of Hartland, and Dr. Hyde, of Hardwick, had seen several exceptions to the rule, but not cases of marked severity.

During the forenoon of the second day, Dr. J. N. Stiles proposed an amendment to the By-Laws of the Society, relative to the appointment of delegates to medical societies and associations, which was adopted.

The names of Drs. Edward S. Peck, of Burlington; R. C. Ward and Wm. H. Platt, of Shoreham; and Harvey Knight, of Georgia, were proposed for membership, and they were duly elected.

Dr. B. F. MORGAN, of Bennington, read an obituary notice of Dr. M. J. Love.

Dr. C. M. CHANDLER, of Montpelier, presented written details of a case of intussusception, in which 36 inches of the intestines were discharged. This case was one of peculiar interest, because it was published in the secular papers of the day as an instance in which a "snake" had passed through a human being. Dr. Chandler had the satisfaction of seeing the "varmint," and describes it as "of a darkish color, lighter on the belly, as they called it; not so flat as one might imagine a tube to be when it is

walls lay in contact, and looking not entirely unlike what it had been named." The post-mortem revealed the cicatricial point in the intestines from whence the "snake" was taken.

Dr. N. W. BRALEY, of Chelsea, presented a resolution appointing a committee of five to confer with the legislature now in session relative to an appropriation for publishing the transaction of the State Medical Society. Adopted.

The committee was constituted as follows:—Drs. Carpenter and Scott, members of the House of Representative; Bartlett, Braley, and Butler.

The committee on nomination of officers of the Society for the year ensuing reported as follows, and the persons named were elected to the several offices named:

President—Dr. S. Putnam, of Montpelier; Vice President—Dr. A. J. Hyde, of Hardwick; Secretary—Dr. L. C. Butler, of Essex; Assistant Secretary—Dr. E. H. Pettengill, of Saxton River; Treasurer—Dr. J. G. Kemp, of Montpelier; Auditor—Dr. J. N. Stiles, of Windsor.

Committee of Publication—Drs. L. C. Butler, G. B. Bullard and O. F. Fassett.

Delegates to U. V. M. Medical Department—Drs. L. C. Butler and N. W. Braley.

Delegates to Medical Society of New York—Drs. C. L. Allen and A. T. Woodward.

Delegates to Medical Society of Massachusetts—Drs. J. N. Stiles and J. S. Richmond.

Delegates to Medical Society of Connecticut—Drs. L. C. Butler and C. P. Trost.

Delegates to Medical Society of New Hampshire—Drs. C. A. Scott and D. E. Wells.

Delegates to Medical Society of Maine—Drs. G. B. Bullard and Charles Gaylord.

Delegates to Medical Society of New Jersey—Drs. E. F. Upham and H. O. Bartlett.

Delegates to Medical Society of Connecticut River Valley—Drs. M. C. Edmunds and C. A. Sperry.

Delegates to American Medical Association—Drs. A. T. Woodward, Charles Cole, H. D. Holton, S. W. Thayer, H. Janes, W. R. Hutchinson, N. W. Braley.

Committee on Registration—Drs. L. C. Butler and O. F. Fassett.

Committee on Epidemics and other Diseases—One for each county in the State: Geo. C. Briggs, G. B. Bullard, J. E. Crampton, C. M. Chandler, D. P. Blanchard, E. T. Upham, J. N. Stiles, H. D. Holton, B. F. Morgan, C. L. Allen, M. H. Eddy, J. B. Morgan, S. R. Corey, A. Harding.

Dr. S. PUTNAM presented cases of uterine disease in his practice, with treatment.

Dr. J. F. MILES, of Hinesburgh, proposed an amendment to the Constitution of the Society, fixing the time of holding the annual meeting on the second Wednesday of October, in each year, which was adopted.

The semi-annual meeting of the society is to be held at St. Albans, on the first Wednesday and Thursday of June, 1871.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Magnetic Wells of Michigan.

Some months ago we had an account of these from a well-known physician who had visited them. At the late meeting of the American Association for the advancement of science, Prof. WINCHELL read a paper concerning them. After numerous experiments his conclusions may be condensed as follows: 1. Nearly all pieces of iron and steel are found possessed of permanent but varying polarity. 2. Neutral iron is polarized by being placed in the magnetic meridian or in a vertical position. 3. This induced polarity can be detected in its effects upon a permanent magnet. 4. The mineral waters of Michigan tend to induce south polarity (i. e., the same as the south end of the needle) in the outer end of a rod of soft iron passed through a cork into a bottle of the water. 5. This property is retained

by the water for weeks and months. 6. A rod of steel, or a knife blade, immersed in the water from 30 minutes to 10 hours, acquires very sensible polarity, though practically neutral before immersion. 7. No satisfactory evidence exists that the water itself is polarized, or that magnetism can be bottled up in it. 8. The phenomena are more likely to arise from some chemical action between the water and the iron; and this supposition is strengthened by the fact that they arise equally when the rod is simply moistened, when it is immersed in water rendered artificially alkaline or salt, and when the surface of the steel is unpolished; and do not arise when pure rain-water is employed.

Displacement and Inflammation.

On this topic Dr. H. Bennett read an article given in the *British Medical Journal*, concluding with the following summary:

I would recapitulate the views I have endeavored to express in the following terms.

1. I consider that, under the influence of mechanical doctrines pushed to an extreme, uterine displacements are by many too much studied *per se*, independently of the inflammatory and other lesions that complicate and often occasion them.

2. That the examinations made to ascertain the existence of inflammatory complications are often not made with sufficient care and minuteness, is evidenced by the fact that I constantly see cases in practice in which inflammatory lesions have been neglected entirely, and in which the secondary displacements have been alone studied and treated.

3. That inflammatory lesions are often the principal cause of uterine displacement through the enlargement and increased weight of the uterus or of a portion of its tissues which it occasions.

4. That when such inflammatory conditions do exist, as a rule they should be treated and cured, and then time should be given to Nature to absorb and reduce hypertrophied and engorged tissues before mechanical means of treatment are resorted to.

5. That the relief from the sensation of bearing down which pessaries and bandages give is no real criterion of their being the proper means to use, such relief being often felt when there are inflammatory lesions present, which their presence aggravates.

6. The above statements must not be considered in any way to imply that I do not recognise other causes of displacement of a non-inflammatory nature, such as laxity of ligaments and soft parts, wide pelvis, laceration of perineum, severe shocks, etc.

A Sign of Death.

To distinguish death from "trance," Dr. LABORDE, in a communication to the French Academy of Medicine, points out a very simple test. He states that if a polished steel needle be inserted to a sufficient depth into the muscles of person apparently but not really dead, and allowed to remain, it loses, in generally a short time, its polish, and becomes oxidized; while this oxidation does not occur when the needle is introduced into a dead body, even if the needle be allowed to remain as long as an hour. This absence of oxidation, with generally recognized concomitant phenomena, is, Dr. L. believes, a constant sign of real death.

Reviews and Book Notices.

NOTES ON BOOKS.

We are indebted to the department for a copy of the report of brevet Lt. Colonel J. J. WOODWARD,

Assist. Surgeon U. S. A., "On Certain Points connected with the Histology of Minute Blood Vessels." It is admirably illustrated with accompanying photographs, the text forming a pamphlet of eight quarto pages. The object of the investigations described was to determine the accuracy of Professor COHNHEIM's famous studies on the passage of white corpuscles through the vascular walls. Dr. Woodward corroborates the assertions of the Berlin pathologist, but does not commit himself to the theory of Cohnheim that these corpuscles form the pus corpuscle. The report is one of much scientific importance, and highly creditable to the skill and labor of the author.

A pamphlet of sixteen pages, by Drs. A. D. ROCKWELL and GEORGE M. BEARD, of New York city, gives their experience on the physiological and the rapetual effects of galvanization of the Sympathetic (N. Y. Printing Co., 81 Centre st.) Seven cases are described, and two illustrations given. The authors conclude that besides cases in which the sympathetic itself is diseased, galvanization of that nerve often benefits in cerebral hyperæmia, disorders of the vaso-motor nerves, and functional diseases of the digestive and genital apparatus. It should rarely, however, be employed alone.

BOOK NOTICES.

The Pathology and Treatment of Venereal Diseases: Including the Results of Recent Investigation upon the Subject. By Freeman J. Bumstead, M. D., etc. Third Edition, revised and enlarged, with illustrations. Philadelphia. Henry C. Lea. 1870. 1 vol., 8 vo. pp. 704.

The above work may be considered the standard American treatise on the class of diseases to which it is devoted. Its thoroughly practical character, which is maintained throughout, yet without sacrifice of scientific exactitude and fulness, recommends it to the practitioners of our country.

The present edition has been carefully revised, and numerous additions and alterations made in the text. The principal of these relate to the treatment of stricture, to visceral and ophthalmic syphilis, and the chancre. Many parts of the text have been rewritten, and other portions omitted. By a judicious arrangement of his new matter, the author has, however, succeeded in keeping his volume within a moderate compass, it being only some sixty odd pages larger than the last edition.

—In New York, recently, a lady fell into a fit and was sent to a hospital, where the medical attendants relieved her of a set of false teeth she had partially swallowed, and she departed convalescent.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 19, 1870.

A. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SPECIAL NOTICE TO SUBSCRIBERS.**HOW TO SAVE MONEY!**

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the REPORTER from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

The Cash must always accompany the order.

1. By taking all our serials, REPORTER, COMPENDIUM and POCKET RECORD, at \$8 in advance.

2. By paying for the REPORTER 2 years in advance, \$6, or 3 years in advance, \$12, etc.

3. By sending new subscribers, and retaining \$1 on each new name paying one year (\$5.00) in advance.

4. By ordering all their periodical literature through this office, thus saving from 20 to 40 per cent.

5. By purchasing their drugs, surgical instruments, etc., etc., through us for cash or C. O. D., thereby saving 5 per cent. on orders above \$50, and 10 per cent. on orders above \$100.

6. To new subscribers remitting directly to us, we propose hereafter to allow the same amount usually allowed to agents as commissions, and credit them 15 months' subscription for \$5.

III. As a low-priced literature can only be sustained on the principle of CASH PAYMENTS, all who are in arrears are urged to make immediate payment, or communicate with us at once—otherwise they must not be supplied if their supplies are stopped.

IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the CASH IN HAND, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

SOME HINTS ABOUT ADVERTISEMENTS.

The pressure of commercial interests on the profession is much stronger, and manifested in a greater variety of ways, than is generally supposed.

It is the aim of every enterprising druggist to enlist in favor of his preparations just as many physicians as he possibly can, and often he is less scrupulous than he should be about the means he uses. It is his interest to sell the utmost possible quantity of his stock; it is the physician's duty to order no more of it than he thinks will really benefit his patient. Consequently the druggist must persuade the physician that the articles to be sold are valuable and efficacious. This he does in a variety of ways.

He may induce some medical friend, honest enough, but obliging and sanguine, to write an article for some medical journal lauding extravagantly the article to be vended. Or if more ambitious, he may himself start a medical periodical, much of which will be occupied with cases illustrating the benefits to be gained by absorbing his dietetic and medicinal preparations. Of course, unfavorable results are sedulously excluded.

Venders of surgical instruments and appliances, patented or otherwise, are hardly so conspicuous as druggists in deluding the medical public about their wares, but are not behindhand to any great extent in the arts of creating a demand. They are not less opposed to submitting their goods to the calm, impartial verdict of practical experiment. Too often useless instruments are foisted upon the market by means of unfair statements, one-sided certificates, and a careful exclusion of unfavorable comment.

Finally we come to the department of literature; and here, quite as much as in the foregoing lines of trade, we can perceive only too clearly the attempts to "sell goods" by the tricks of the peddler. We ask any intelligent man to compare the reviews of an average medical book as they appear in medical journals, with the garbled extracts and puffs from those reviews as they are made to show in the publisher's lists, and then to answer whether such misrepresentation is more or less than an attempt to obtain money by false pretences.

It is notorious also that more than one medical journal in this country are supported and sustained by publishing houses solely for the purpose of puffing and advertising their own

publications and wares. If this were openly acknowledged, we would have nothing to say; but when the fact is sedulously concealed, in order the more completely to throw dust in the eyes of the readers, it must not be passed over in silence.

How often are the reviews of the proprietor's own publications in such journals impartial?

That class of journals sustained in the interests of some college or community can hardly claim more respect at our hands. They must always have "an eye to the main chance," which is very apt to be what Tennyson metaphorically calls a "jaundiced eye" to the chances of any competing institution.

We have nothing to say about journals conducted in the interests of practicing physicians, for we know of none such, conducted by regular practitioners. So far from any superiority being attached to "impersonal journalism" we disbelieve in it altogether. We have been editor of a medical journal long enough to know that if the duties are properly performed they injure rather than improve one's practice. A New York medical periodical claimed lately considerable cheap virtue for itself on account of its very recently assumed "impersonality." To our mind, a journal had much better have a known and responsible editor, than only be known as the anonymous advertising medium of a publishing house.

It is well that physicians, especially the younger ones, should be made acquainted with the various means employed to bias their judgment, and be properly cautious. They will not be discontinued, nor on the whole is it desirable that they should be, as they indirectly do some good, and will do more good than harm if the profession is made aware of just the value to attach to them.

Notes and Comments.

Errata.

In Dr. KENNEDY's article last week on the treatment of Scarlet Fever, page 380, second column, seventeenth line from top, read, 1,600 for "1,000;" and on page 382, second column, read, Dr. James Currie for "Carne."

American Surgeons in Germany.

We have been favored by a physician of this city with the sight of a letter written by a medical

friend under date, Worms, Oct. 13, from which we make the following extract:

At Coblenz we found some young surgeons from America. Some were on duty; some were not. None had received pay; few expected to; many were out of funds, and all swore at the Prussians, and wished they were back at home. They didn't like the Dutch surgeons, and as one rather emphatically expressed himself, "D— any man who can't distinguish between typhus and typhoid, and who cuts down on an abscess with a blunt scalpel." I concluded my services were not needed. In fact, it was outrageous the stories those fellows told. Most of them were German by birth or parentage, but coming from America didn't seem to be in their favor.

Errata.

Our readers are requested to make the following corrections in Dr. CHESEBROUGH's article on page 355 of THE REPORTER of last week. First column, 14th line from bottom, for 21 read 31; in lines 8, 9 and 12 from bottom, for *ten* read two; second line erase *extremities* after face. Second column, first line of fourth paragraph, for *facies* read *funis*; line 6 from bottom, for *multiform* read *multipara*; line 2, for *placenta* read *placenta*.

Quinine in Typhoid Fever.

A correspondent in Henry county, Iowa, takes exception to the remarks of Dr. LIPSCOMB in this journal (number for Sept. 17, 1870,) about the small value of quinine in typhoid fever. Our Iowa friend says:

"I will only add, in closing this letter, that no doctor can practice in a malarial district, and be successful if he exclude quinine from the treatment of typhoid fever; because I believe this disease is often caused by malarial poison, and I think my own and the experience of some among the best of our writers will bear me out in this opinion."

Our own impressions are in favor of Dr. Lipscomb's views. In what army surgeons used to call "typho-malarial fever," quinine is of advantage, but in pure typhoid, we esteem it very moderately.

Diabetic Flour.

This useful article is now carefully prepared in accordance with Dr. CAMPLIN's formula, by Mr. JOHN W. SHELDON, 363 Bowery, N. Y. This article is, by careful manipulation, freed from principles which render wheat bread or other farinaceous preparations inadmissible with persons suffering from diabetes, and being finely floured it is, not irritating to the mucous membrane of the stomach and bowels. Dyspeptics will find in the biscuit prepared from it a useful adjunct to their ordinary diet—experience having shown that a small quantity of the bran promotes the action of the bowels, and non-diabetic persons who wish a gentle aperient may find that half a bran biscuit per diem will answer better than "pills."

The Iva, a Medicinal Plant.

The *Chemical News* gives the following abstract of a lengthy paper by Dr. A. VON PLANTA-REICHENAU, on the Iva (*Achillea moschata*). The Iva is a celebrated plant, a native of the Swiss mountains, and for centuries has been in high repute as a medicinal agent. The author first briefly refers to some historical facts bearing upon the iva and its use, and then states that, as nothing is yet known in reference to the chemistry of this substance, he, having an excellent opportunity to procure the herb, undertook the exhaustive research of the same. His lengthy memoir treats on essential oil of iva, which, in the crude state, has a bluish-green color, a taste somewhat akin to the oil of peppermint, while its smell is not disagreeable; its sp. gr. at 15° C is 0.9346; formula $C_{20}H_{30}O$. The pure oil boiling at between 170° and 210° C., is a pale yellow-colored fluid, exhibiting a peculiar, strong, etherial smell; its taste is bitter, but, at the same time, like peppermint; the formula of the pure substance is $C_{21}H_{32}O_2$. Ivaïn, an oleo-resinous, bitter matter, readily soluble in water and alcohol, is the hydrate of the iva oil. Stearic acid is also present in the herb, and, moreover, three other substances, which the author has called Achilleine, Moschatine and Achilletteine, the latter being the product of the decomposition of Achilleine. This latter is a peculiar alkaloid, containing $C_{21}H_{33}N_3O_{15}$.

Prof. Gross' Surgical Clinics.

We have completed our arrangements to have regular reports of selected cases, *with after-treatment and results*, from the surgical clinics of PROF. S. D. GROSS, M. D., of the Jefferson Medical College.

This new and valuable feature will render the pages of THE REPORTER still more instructive and entertaining to our readers. The reports will commence *next week*.

Correspondence.

DOMESTIC.

A Bicephalic Monstrosity.

EDS. MED. AND SURG. REPORTER:—

I desire to furnish to your numerous readers a brief general description of the latest great medical curiosity. The curiosity consists of a pair of twins, whose novel attachment to each other is exciting so much attention.

The twins at the present time are almost three weeks old. They measure nineteen inches in length from the crown of one's head to the crown of the other. Their weight at birth was ten pounds. They have fine, well-shaped heads, good features, light hair and dark eyes, good arms, and each a well

formed chest; but from one chest to the other there extends a common abdomen. At the middle of this abdomen is seen the one umbilicus for the two children, and running down from this to the mons veneris, on one side, is seen a fine line like a seam.

They are said to have a continuous spine from one occiput to the other, but the back I was not allowed to examine, and cannot therefore state positively. As they lie on their backs on a pillow, one head at one end, and the other head at the other end, their faces looking toward each other, we find on one side of them each child has a perfect leg and foot with the exception that one foot is in a condition of talipes varus. Between these hips appear the vulva and anus, the common outlets for both. On the opposite side of the children, standing perpendicularly, is a deformity that seems to be a consolidation of the two legs on that side. It seems to have but one bone in the thigh, but two large bones, with a deep sulcus between, are found in the leg proper. The foot resembles the early blending of two feet, for two ossa calcis are seen, and eight toes, with the great toes outermost, and the least ones side by side. Free motion at the attachment of this deformity to the body or bodies, but little motion in the knee, and still less in the ankle.

These babes had one cord and one placenta, and these not unusual in size.

Labor only lasted twenty-five minutes, and no doctor in attendance. They are separate beings, as manifested by their wills. Each is independent of the other, as shown by their performing different acts at the same time. One will go to sleep and the other remain awake. One nurses at one time and the other at another time, and the nursing of one does not satisfy the other.

When one has a passage from the bowels, the other does not seem to take any cognizance of it. They rest well, and as they seem to be in thriving condition, I have no doubt they will live, subject, of course, to the chances of life, just as other babies.

The family to which this curiosity came, lives ten miles south of Cardington, Warren county, Ohio.

The father, Mr. Finly, is a native of Pennsylvania, forty years old, and a man of rather inferior intellect. The mother is an Ohioan, thirty-three years old, and of average intellect. The parents have three children, the eldest being thirteen years old.

The mother says she never suffered from fright during her pregnancy, nor ever had any subject in her mind that might have had any influence on the contents of her womb. She is inclined to place the blame of their peculiar condition upon a fall she received when she was about two months advanced in pregnancy. The children at the latest accounts are prospering finely.

I am, respectfully, M. R. HACKEDORN, M. D.

NEWS AND MISCELLANY.

John Wesley as a Doctor.

Not many perhaps of those to whom the name and fame of John Wesley are known, identify the great sectary with the work of which he was not a little proud, his "Primitive Physic, or an Easy and Natural Method of Curing Most Diseases," printed by William Pine, in Narrow Wine street, Bristol, and sold at the New Room in the Horse Fair, and in London, 1762. It was lately submitted for the edification of the pharmacutists at their Liverpool conference, among a century of old books, and Wesley's announcement that "every man of common sense (unless in some rare cases) may prescribe either to himself or his neighbor, and may be very secure from doing harm where he can do no good" was compared with his old recipes. Among the remedies which he approves as "tried"—a word which he thus made proverbial in the Methodist connection—is bleeding for consumption. The patient is to lose six ounces of blood every day for a fortnight if he live so long, and then every other day, then every third day, and every fifth day for the same time. The gout is to be cured by the application of a raw lean beef-steak; for twisting of the bowels, one, two, or three pounds of quicksilver in water. The pharmacutists came to the conclusion that Wesley was more successful as a theologian than a physician, and that his experience of the value of "untutored common sense" in his former capacity had induced him to undervalue the necessity for a basis of skilled knowledge in the latter.

Latent Hydrophobia!

Rather a funny hydrophobia case has just been adjudicated in a Boston Court. The plaintiff testified that after he was bitten by the defendant's dog, not mad at the time, he suffered great anxiety of mind, because he thought that if at any future time the animal should go mad, all persons previously bitten by the dog would go mad also. But the presiding Judge made short work of these fanciful apprehensions, and ruled that no damages could be recovered for anxiety on account of such "superstitious notions." However, the lacerated plaintiff was consoled for his bites, and in spite of his bad pleading; for the jury gave damages to the amount of \$262.

A dentist in Philadelphia has traced out the career of 1,000 dentists, with this result: 163 died before they reached middle life, 643 attained fair success, 87 made fortunes, 27 died from intemperance and other vices; 96 failed entirely; and 3 committed suicide.

QUERIES AND REPLIES.

Mr. J. H. H., of Pa.—We cannot undertake to give medical advice through this journal. Your case seems a severe one, and we advise you to get and pay for first-class medical aid as soon as you can; and not put yourself in the hands of any advertising empiric.

Dr. G. D. S., Conn., says: "I would suggest that it would be a good plan to add the P. O. address as well as the State to your weekly list of acknowledgements, which would make THE REPORTER a valuable Directory for Physicians, as it has so large a circulation."

ANSWER.—For a long time we have only acknowledged letters which contain either money or communications of value, but if we published the post-office address of our correspondents it would subject them to much annoyance, and perhaps imposition.

MARRIED.

BAKER—LEGGOTT.—In Quincy, Ill., at the residence of Dr. M. F. Bassett, November 3d, by Rev S. S. Hunting, Dr. D. Bryan Baker, of Quincy, and Miss Emma Leggott, of Springfield, Ill.

CALVIN—DOVEL.—October 31, 1870, at the residence of the bride's father, by the Rev. A. J. Warren, Dr. James W. Calvin, of Mt. Erie, Ill., and Miss Sarah M. Dovel, of Ironton, Ohio.

DENISE—COLLIER.—In this city, Oct. 27th, by Rev. William P. Breed, D. D., assisted by Rev. I. Grier Ralston, D. D., at the residence of the mother of the bride, Dr. J. C. Denise, of Omaha, Nebraska, and Miss Mary C., daughter of the late Daniel Collier, Esq.

ELY—HARDY.—In New York, Oct. 25, by Rev. Robert Chetwood and the Rev. Dr. Brown, Smith Ely, M. D., and Gertrude, daughter of the late Charles W. Hardy, of Portsmouth, N. H.

FRANKLIN—FOULKE.—In Chillicothe, Ohio, Oct. 20, Dr. G. S. Franklin and Miss Mary S. Foulke.

HAMIL—CLOCK.—At the M. E. Church, Bay Shore, L. I., October 25, by Rev. T. M. Terry, Pastor, Edward H. Hamil, M. D., of Islip, and Miss Emma Josephine, daughter of Seth K. Clock, Esq., of the former place.

REEVE—JOHNSON.—On the 2d inst., by Friends' Ceremony, at the residence of Jennette Johnson, Germantown, Pa., Josiah Reeve, M. D., of Medford, N. J., and Jennette E., daughter of John K. Johnson, of this city.

STEELE—LEONARD.—In Brooklyn, Oct. 24th, by Rev. Chas. Pomeroy, A. J. Steele, M. D., of St. Louis, Mo., and Cassie, daughter of Hon. Moses G. Leonard, of Rockland Lake, N. Y.

THOMPSON—WRIGHT.—On the 16th of Oct., 1870, at the residence of the bride's father, Dr. J. C. Wright, by Elder B. F. Northcutt, Hon. John Thompson and Miss Rosa Wright, both of Wrightsville, Clark county, Missouri.

WALSH—BRIGHT.—By the Rev. J. G. Bruce, in Centenary M. E. Church, Lexington, Ky., 27th of October, the Rev. J. D. Walsh, Pastor of the M. E. Church, Mayville and Miss Charlotte E. Bright, daughter of Dr. J. W. Bright.

WEST—HENNAN.—At New Creek, West Va., Oct. 27th, Dr. Thos. H. West, of New Creek, West Va., and Miss Fannie E. Hennan, of Morgantown, West Va.

DIED.

ANDERSON.—At Chester, Pa., on the 5th inst., Sarah Anderson, relict of the late Dr. Samuel Anderson, in the 95th year of her age.

COOK.—In Hachettstown, N. J., Aug. 5th, 1870, Mrs. Mary Cook, wife of Dr. Silas C. Cook, and mother of Drs. L. C., John S. and Joseph S. Cook, aged 74 years.

GREEN.—In this city, on the 5th inst., Alice, relict of Dr. Benjamin Green, aged 83 years.

MOWER.—In New York, Nov. 6th, Sarah A., widow of the late Thomas G. Mower, M. D.; Surgeon U. S. Army.

WALKER.—October 30th, 1870, near Goshen, Clermont county, Ohio, Mrs. Rebecca Walker, wife of Dr. J. S. Walker, aged 48 years.

WETZSTEIN.—On the 7th inst., Dr. Gustave Adolph Wetzstein, aged 59 years and 13 days.